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**Licata & Tyrrell P.C.**

66 E. Main Street  
Marlton, New Jersey

Tel: (856) 810-1515  
Fax: (856) 810-1454

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**TO: Examiner Willse (TC1600)**

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**ATTORNEY DOCKET NO.: INT-0004**

**SERIAL NO.: 10/002,653**

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**MESSAGE:** Attached please find Amendment Transmittal Letter, Certificate of Transmission by Facsimile, Preliminary Amendment and Reply to Restriction Requirement.

**Kathleen A. Tyrrell, Registration No. 38,350**

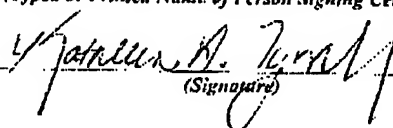
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Mattern et al.			INT-0004
Serial No. 10/002,653	Filing Date October 19, 2001	Examiner Willse, David H.	Group Art Unit 3738
Invention: Collagen Glycosaminoglycan Compositions for Use as Terminally Sterilizable Matrices			
<p>I hereby certify that this <u>Preliminary Amendment &amp; Reply to Restriction Requirement</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>June 23, 2003</u> (Date)</p> <p><u>Kathleen A. Tyrrell</u> (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. INT-0004	
Applicant(s): Mattern et al.					
Serial No. 10/002,653	Filing Date October 19, 2001	Examiner Willse, David H.	Group Art Unit 3738		
Invention: Collagen Glycosaminoglycan Compositions for Use as Terminally Sterilizable Matrices					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature Kathleen A. Tyrrell, Reg. No. 38,350			Dated: June 23, 2003		
Licata & Tyrrell P.C. 66 East Main Street Marlton, NJ 08053 Tel : 856-810-1515 Fax: 856-810-1454			<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.           _____          Signature of Person Mailing Correspondence           _____          Typed or Printed Name of Person Mailing Correspondence       </div>		
CC:					